

**Political Organization  
Report of Contributions and Expenditures**

OMB No 1545-1696

► See Separate instructions.

**A** For the period beginning **January 1**, 20 **13** and ending **June 30**, 20 **13**

**B** Check applicable boxes ☒ Initial report ☐ Change of address ☐ Amended report ☐ Final report

**1** Name of organization **In Our Mothers Name** **Employer identification number** **45 5434370**

**2** Mailing address (P O Box or number, street, and room or suite number)  
**739 Wilson Avenue**

City or town, state, and ZIP code

**Norton Shores, MI 49441**

**3** E-mail address of organization **era@inourmothersname.com** **4** Date organization was formed **06-12-2012**

**5a** Name of custodian of records **Julia Dennis** **5b** Custodian's address **739 Wilson Avenue**  
**Norton Shores, MI 49441**

**6a** Name of contact person **Julia Dennis** **6b** Contact person's address **739 Wilson Avenue**  
**Norton Shores, MI 49441**

**7** Business address of organization (if different from mailing address shown above) Number, street, and room or suite number  
City or town, state, and ZIP code

**8** Type of report (check only one box)

**a** ☐ First quarterly report (due by April 15)

**b** ☐ Second quarterly report (due by July 15)

**c** ☐ Third quarterly report (due by October 15)

**d** ☐ Year-end report (due by January 31)

**e** ☒ Mid-year report (Non-election year only-due by July 31)

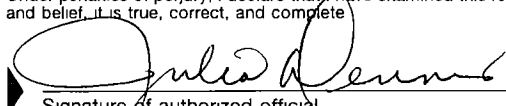
**f** ☐ Monthly report for the month of \_\_\_\_\_  
(due by the 20th day following the month shown above, except the December report, which is due by January 31)

**g** ☐ Pre-election report (due by the 12th or 15th day before the election)  
**(1)** Type of election \_\_\_\_\_  
**(2)** Date of election \_\_\_\_\_  
**(3)** For the state of \_\_\_\_\_

**h** ☐ Post-general election report (due by the 30th day after general election)  
**(1)** Date of election \_\_\_\_\_  
**(2)** For the state of \_\_\_\_\_

**9** Total amount of reported contributions (total from all attached **Schedules A**) **9** **0.00**

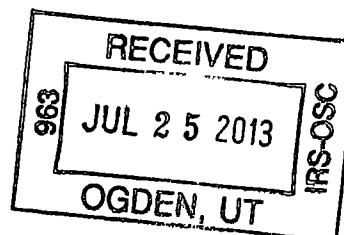
**10** Total amount of reported expenditures (total from all attached **Schedules B**) **10** **0.00**

**Sign Here** Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.  
 Signature of authorized official **7-21-2013** Date

For Paperwork Reduction Act Notice, see separate instructions.

Cat No 30406G

Form **8872** (11-2002)



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SCANNED AUG 01 2013

**Schedule A Itemized Contributions**Schedule A page **1** of **1**

Name of organization

**Employer identification number****In Our Mothers Name****45 5434370**

Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
<b>Subtotal</b> of contributions reported on this page only Enter here and also include this amount in the total on line 9 of Form 8872 ▶		<b>\$ 0.00</b>

**Schedule B Itemized Expenditures**Schedule B page **1** of **1**

Name of organization

**Employer identification number****In Our Mothers Name****45 5434370**

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
		\$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
		\$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
		\$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
		\$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
		\$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
		\$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

**Subtotal** of expenditures reported on this page only Enter here and also include this amount in the total on line 10 of Form 8872
\$ **0.00**